

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **ADVANCED LIFE SUPPORT (ALS) UNIT
ALTERNATE STAFFING PILOT PROGRAM
REQUIREMENTS**

REFERENCE NO. 407

PURPOSE: To define the requirements and roles for public safety agencies to implement a pilot program.

AUTHORITY: Health & Safety Code, Division 2.5, Sections 1797.214, 1798
California Code of Regulations, Title 22, Sections 10062; 100063; 100064;
100139; 100142; 100145; 100169

DEFINITIONS:

Advanced Life Support (ALS) Unit: An emergency medical services (EMS) response unit staffed according to Ref. No. 408, Advanced Life Support (ALS) Unit Staffing, equipped as outlined in Ref. No. 703, ALS Unit Inventory, and approved by the EMS Agency.

ALS First Responder Assessment Unit: A non-transporting emergency response vehicle utilized by an approved paramedic service provider for 9-1-1 responses which is staffed, at minimum, by one paramedic who is licensed by the State of California, accredited by the County of Los Angeles, and equipped as outlined in Ref. No. 704, Assessment Unit Inventory.

ALS Unit Alternate Staffing Program: An EMS ALS response unit that is NOT staffed according to Ref. No. 408, Advance Life Support (ALS) Unit Staffing; but authorized by the EMS Agency to conduct a pilot program:

One-Plus-One Staffing: Two paramedics who together provide patient care at the scene of a 9-1-1 call but do not arrive on the same vehicle.

Emergency Patient Transport Unit: a 9-1-1 response vehicle utilized for patient transport, may be staffed with at least two State certified EMTs [Basic Life Support (BLS) Unit], or two State licensed paramedics [Advanced Life Support (ALS) Unit], or a combination thereof (ALS Unit Alternate Staffing).

PRINCIPLES:


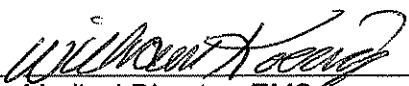
1. An alternate staffing program shall consist of a pilot program endorsed by the EMS Commission and authorized by the EMS Agency for a maximum of two years.
2. Continued utilization of an alternate staffing program beyond the maximum two year pilot program shall be approved or discontinued by the EMS Agency based on outcome data and efficacy of the pilot program.
3. The type of Emergency Patient Transport Unit (BLS, ALS, or ALS Alternate Staffing) shall be determined based on the patient's medical need and shall be

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REVISED:

SUPERSEDES:

APPROVED:  
Director, EMS Agency Medical Director, EMS Agency

commensurate with the scope of practice of the transporting EMS personnel. The Emergency Patient Transport Unit personnel shall be responsible for the care and safety of the patient until transfer of care to hospital staff. Team members shall strictly adhere to their respective scope of practice.

4. The EMS Agency may conduct unannounced periodic site visits and direct field observation to evaluate the alternate staffing program.
5. At any point after the pilot begins, the EMS Agency may order the pilot slowed, stopped, modified and/or reversed. If any such action is ordered by the EMS Agency, the Agency shall state cause(s) for the action(s) in writing.

POLICY:

I. Provider Agency Responsibilities

- A. Submit a written request for authorization to implement an alternative staffing pilot program, signed by the Fire Chief and City Manager, signifying the City's acknowledgement and understanding of the pilot program requirements as outlined in this policy.

- B. Quality Improvement

Maintain a comprehensive, approved Quality Improvement program that includes indicators specific to the alternate staffing program.

- C. Data

1. Implement a data system that adheres to all electronic data submission requirements as prescribed by the EMS Agency.
2. The data collection system shall include a methodology for obtaining patient outcome data.

- D. Required Medical Oversight

1. Appoint a medical director who must meet the requirements specified in Ref. No. 411, Provider Agency Medical Director.
2. Select an EMS educator to be responsible for providing oversight and education related to the alternate staffing program.

- E. Controlled Substances

1. Have a mechanism to procure, store and distribute controlled drugs through a physician who meets the requirements specified in Ref. No. 411, Provider Agency Medical Director, or Ref. No. 410, Drug Authorizing Physician for Provider Agencies.
2. Procurement, storage and distribution of controlled drugs shall be consistent with Ref. No. 702, Controlled Drugs Carried on ALS Units.

3. At least one ALS Unit responding on scene shall carry a full complement of controlled drugs as specified in Ref. No. 702.

F. Education and Training

1. Provide an Alternate Staffing Training Program approved by the EMS Agency and maintain training rosters. The training program shall include a provider agency specific orientation process which outlines and documents the team members' competency in their roles and responsibilities.
2. All team members shall attend the training program prior to being assigned to an alternately staffed ALS unit.
3. Conduct initial and annual skills competency evaluation of EMTs assigned to an alternately staffed ALS unit.
4. Ensure that all EMTs participating in the alternate staffing program attend the annual EMS Update training in those areas applicable to the EMT scope of practice. Maintain documentation verifying skills competency and completion of EMS Update training.

G. Use pre-arrival instructions when dispatching alternately staffed ALS units.

H. Utilize mobile, hands-free communication devices to allow the paramedic to establish and maintain base hospital contact during transport while continuing care in the patient compartment of the ambulance.

I. Report violations as outlined in Ref. No. 214, Base Hospital and Provider Agency Reporting Responsibilities.

J. Utilization of Standing Field Treatment Protocols (SFTPs) by Authorized SFTP Providers

1. Public safety agencies authorized to utilize Standing Field Treatment Protocols (SFTPs) and approved to implement the alternate staffing program may use SFTPs as follows:
 - a. Two SFTP-trained paramedics have responded to a 9-1-1 call and together are caring for a patient on scene.
 - b. SFTPs may only be used when two paramedics accompany the patient in the ambulance during transport.
 - c. Treatment is provided in accordance with Reference No. 813, Standing Field Treatment Protocols.
 - d. A single paramedic with an EMT partner must establish base hospital contact and provide a full report when transporting an ALS patient.

- K. Provider Agency shall ensure that EMS incidents responded to by One-Plus-One staffed ALS units arrive at the scene of the incident within 3 minutes of each other 95% of the time. There shall be a mechanism in place to track and report within 24 hours each EMS response and the ALS units that responded to the incident; both individual EMS incidents and in aggregate format.
- L. Provider Agency shall develop and make publicly available for review, a comprehensive action plan and time table to govern implementation of the project on a phased in basis such that no more than five (5) percent of the County's population at a time is affected by conversion from the current two-paramedic ALS Unit staffing requirement (Ref. No. 408) to an Alternate ALS Unit Staffing Program.
- M. Prior to implementation, Provider Agency shall prepare and submit a detailed financial and operational contingency plan which is sufficient to halt and reverse all or any part of the pilot implementation.

II. EMT Roles and Requirements

- A. All EMTs participating in the alternate staffing program shall:
 - 1. Be currently certified as an EMT in the State of California
 - 2. Have completed the Los Angeles County Scope of Practice Training Program
 - 3. Have completed the provider agency specific alternate staffing training program
 - 4. Have demonstrated competency in the initial and annual evaluation of the following skills:
 - a. Basic airway management and oral suctioning
 - b. Assist with endotracheal intubation by ventilating the patient or handing equipment to the paramedic
 - c. Assemble IV and blood glucose testing equipment
 - d. Assist with cardiac monitoring, to include obtaining 12-lead ECGs
 - e. Assist with set-up for defibrillation and transcutaneous pacing
 - f. Assist with continuous positive airway pressure therapy
 - g. Have completed the annual EMS Update training in those areas applicable to the EMT Scope of Practice.

5. Know how to operate the paramedic communications equipment
 - a. In the event the paramedic cannot establish base hospital contact, the EMT shall notify the receiving hospital of patient arrival.
 - b. The EMT may not accept patient care orders or relay base hospital orders to the paramedic.
6. Ensure that the ambulance is consistently stocked according to the recommended inventory of emergency care equipment and supplies as outlined in Ref. No. 710, Basic Life Support Ambulance Equipment

III. Paramedic Role and Requirements

- A. All paramedics participating in the alternate staffing program shall:
 1. Be currently licensed by the State of California and accredited in the County of Los Angeles.
 2. Have completed the provider agency specific alternate staffing training program.
 3. Function as the primary care provider until transfer of patient care.
 4. Ensure that all team members adhere to their respective scope of practice (Ref. No. 802, EMT Scope of Practice and Ref. No. 803, Los Angeles County Paramedic Scope of Practice).
 5. Ensure compliance with Ref. No. 702, Controlled Drugs Carried on ALS Units and Ref. No. 703, ALS Unit Inventory
 6. Ensure the appropriate completion of the EMS Report Form (hard copy and/or electronic format)

CROSS REFERENCES:

Prehospital Care Manual:

Ref. No. 214, **Base Hospital and Provider Agency Reporting Responsibilities**
Ref. No. 227, **Dispatching of Emergency Medical Services**
Ref. No. 407.1, **One-and-One ALS Unit Alternate Staffing Report** (to be developed)
Ref. No. 408, **Advanced Life Support (ALS) Unit Staffing**
Ref. No. 410, **Drug Authorizing Physician for Provider Agencies**
Ref. No. 411, **Provider Agency Medical Director**
Ref. No. 702, **Controlled Drugs Carried on ALS Units**
Ref. No. 703, **ALS Unit Inventory**
Ref. No. 710, **Basic Life Support Ambulance Equipment**
Ref. No. 802, **EMT Scope of Practice**
Ref. No. 803, **Los Angeles County Paramedic Scope of Practice**